

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-000191

STATE FILE NUMBER

AMENDED

Registration District No. 032

Primary Registration District No.

Registrar's No. 4

FILED JAN 16 1962

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville		Length of stay in 1b 2 1/2 Yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond Nursing Home		d. STREET ADDRESS (If outside, give location) 11128 Pine Forest Dr.	
3. NAME OF DECEASED (Type or print) First Middle Last Fulton Cooper		4. DATE OF DEATH Month Day Year Jan. 7, 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 21, '87
9. AGE (last birthday) 74		IF UNDER 1 YEAR IF UNDER 24 HR Months 7 Days 18 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Grassy Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME W. H. Cooper		13b. MOTHER'S MAIDEN NAME Zelpha Myers	
14. NAME OF HUSBAND OR WIFE Leora Cooper		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address St. Louis, Mo. Mrs. Ina Hahs 11128 Pine Forest Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic pneumonia</u> DUE TO (b) <u>Cardio renal vascular disease.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4/3/59 to 1/7/62 and last saw him alive on 1/7/62 Death occurred at 7:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John J. Hyatt DO		22b. ADDRESS Lutesville Mo	
22c. DATE SIGNED 1/8/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Jan. 9, 1962		23c. NAME OF CEMETERY OR CREMATORY BAKER CEMETERY	
23d. LOCATION (City, town, or county) Bollinger County, Mo.		24. FUNERAL DIRECTOR T. E. Graham	
25. DATE RECD. BY LOCAL REG. 1-10-62		26. REGISTRAR'S SIGNATURE Mrs. Buford Crader	

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Edward A. Graham, Student Embalmer No. 645

working under my personal supervision.

Student Edward A. Graham Signed J. E. Graham
Signature of Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Luteside, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.